

# Recreational Youth Programs

## Summer Camp Sign-up Form

Participant Name: \_\_\_\_\_

Gender:        M        F

**Please check the session(s) you would like to sign up for:**

*For reservation, a \$35 non-refundable deposit is required for each session selected and the remaining balance must be paid fourteen (14) days prior to the first day of each session.*

**Registration Fee:** \$165/Resident or \$195 /Non Resident for regular day (per session)  
\$200/Resident or \$240/Non Resident for extended day (per session)

Regular OR Extended Day?	Deposit OR Pay in Full?	Session	Date	Field Trip <i>(subject to change)</i>
		1	May 28-31*	Fort Bend Museum/Sugar Land ICE
		2	June 3-7	Urban Air/AMF Bowling
		3	June 10-14	Skeeters Day/ Main Event
		4	June 17-21	Typhoon Texas Waterpark/Laser Zone
		5	June 24-28	HMNS-Sugar Land/ Kayaking
		6	July 1-5**	GlowZone/AMF Bowling
		7	July 8-12	Downtown Aquarium/ Sugar Land ICE
		8	July 15-19	Typhoon Texas/Laser Zone
		9	July 22-26	Altitude/Maine Event
		10	July 29- August 2	Fort Bend Children's Museum/AMF Bowling
		11	August 5-9	Typhoon Texas Waterpark/Sugar Land ICE
		12	August 12-13***	Camp Party

\*No Recreational Youth Programs on May 27<sup>th</sup> in observance of Memorial Day

\*\*No Recreational Youth Programs on July 4<sup>th</sup> in observance of Independence Day

\*\*\* Week 12 is only two days. Must be paid in full. FBISD 2018 start date is August 14<sup>th</sup>, 2019.

**Registration Fee:** \$50/Resident or \$60 /Non Resident for regular day (per session)  
\$60/Resident or \$75/Non Resident for extended day (per session)

By signing this form, I, \_\_\_\_\_, as parent or guardian for said participant and over 18 years of age, hereby state that the participant is mentally and physically fit to participate in the City Recreational Youth Programs ("Program"): Summer Camp and all of its activities. I understand that the Program is not licensed by the State of Texas as a child care facility. I hereby acknowledge that I have read the Recreational Youth Programs: Summer Camp Parent Handbook in full, and I and the participant agree to abide by all of the guidelines set forth therein. I understand that the City of Sugar Land ("City") may cancel the registration, suspend or expel the participant from the Program if I or the participant fail to comply with the guidelines and no refunds will be given. I hereby allow the City to use any photographs, videos and audio recordings, identity, names or likeness of me and the participant for any lawful purposes in printed materials and on the City's website and social media. I understand that the City, as owner of the photographs and

recordings, has exclusive right to display and/or reproduce such images and recordings and that I will receive no money or remuneration of any kind from the City.

**I UNDERSTAND THAT I WILL BE NOTIFIED IN THE CASE OF A MEDICAL EMERGENCY INVOLVING THE PARTICIPANT. IN THE EVENT THAT CONTACT CANNOT BE REACHED, I HEREBY AUTHORIZE THE CITY TO SEEK THE NECESSARY MEDICAL SERVICES FOR THE PARTICIPANT IN CASE OF AN EMERGENCY OR ILLNESS TO THE PARTICIPANT. I UNDERSTAND THAT I WILL SOLELY BE RESPONSIBLE FOR ALL MEDICAL COSTS AND EXPENSES INCURRED FOR THE PARTICIPANT'S MEDICAL TREATMENT.**

**IN CONSIDERATION OF ALLOWING THE PARTICIPANT TO PARTICIPATE IN THE PROGRAM, I HEREBY RELEASE, DEFEND, INDEMNIFY AND HOLD HARMLESS THE CITY, ITS EMPLOYEES, AGENTS, OFFICERS, DIRECTORS, REPRESENTATIVES, STAFF, CONTRACTORS, SUBCONTRACTORS, AND VOLUNTEERS (COLLECTIVELY "CITY") FROM ANY AND ALL ACTIONS, CLAIMS, DAMAGES, DEMANDS, OR LIABILITY THAT I OR THE PARTICIPANT MAY ALLEGE AGAINST THE CITY, INCLUDING, BUT NOT LIMITED TO, ATTORNEY'S FEES AND COSTS, AS A DIRECT OR INDIRECT RESULT OF ANY PERSONAL INJURY, DEATH, OR LOSS OF PROPERTY TO ME OR THE PARTICIPANT FOR PARTICIPATION IN THE PROGRAM, WHETHER CAUSED BY THE NEGLIGENCE OF THE CITY OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. THE RELEASE IS BINDING ON HIS OR HER HEIRS, ASSIGNS AND AGENTS. I AUTHORIZE THE CITY TO TAKE THE PARTICIPANT ON SCHEDULED TRIPS AND OUTINGS. IN THE EVENT THE CITY PROVIDES TRANSPORTATION TO THE PARTICIPANT, THIS WAIVER AND RELEASE WILL EXTEND TO AND RELEASE THE CITY FROM ANY AND ALL LIABILITY.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please e-mail completed forms to [parkreservations@sugarlandtx.gov](mailto:parkreservations@sugarlandtx.gov) or fax to 281-275-2828